



**Licensure Bureau**  
**CERTIFICATE OF NEED PROGRAM MONTHLY REPORT**  
**December 2014**

NAME	LOCATION	PROPOSAL	CAPITAL EXPENSE*	LOI RECEIVED	MTH	CR	APP DUE	APP RCVD	HEARING REQ/ DATE	DPHHS DECISION DEADLINE	DPHHS DECISION & DATE	REC REQ
Senior Solutions	Butte	Establish a New Home Health Agency in Butte-Silver Bow County.	\$5,000	9/4/14	9/14	N	2/4/15					
Prairie Winds Home Health	Cut Bank	Establish a New Home Health Agency in Glacier County.	\$10,000	10/7/14	10/14	N	2/13/15					
Prairie Winds Home Health	Cut Bank	Establish a New Home Health Agency in Toole County.	\$10,000	10/7/14	10/14	N	2/13/15					
Central Montana Medical Facilities, Inc.	Lewistown	Change of Ownership	N/A	11/3/14	NR	N/A	N/A	N/A	N/A	NR	NR	NR
Serenity Home Health, LLP	White Sulphur Springs	Establish a Home Health Agency in Meagher County	\$0	11/18/14	12/14							

**LEGEND:**

ASC Ambulatory Surgical Center  
 CDU Chemical Dependency Unit  
 CO County  
 CR Comparative Review  
 DEC Decision  
 DISMISS Appeal dismissed  
 FAC Facility  
 HHA Home Health Agency

H Hospital  
 IHS Indian Health Service  
 LOI Letter of Intent  
 LTC Long-Term Care  
 MTH Month of Notice  
 NH Nursing Home  
 NR Non-Reviewable Project  
 N/A Not Applicable

REC REQ-Reconsideration Hearing of Decision  
 REQ Request  
 SNF Skilled Nursing Facility  
 TBA To Be Announced  
 TBI Traumatic Brain Injury  
 10/10 Ten Bed/Ten Percent Rule (50-5-301, MCA)  
 N Disapproval or N Y Approval or Yes  
 DATES Month/Day/Year

\* First-year operating cost HHA, (may not be strictly comparable)  
 Name of facility in **BOLD** indicates a new request for report month